SUPPLACE OF DEATH Comety Township Town			1011222	JIII JIAIL	BOARD OF HE	ALIN		
1. PLACE OF DEATH County Toronable City Six Johnson M.D. (No. 1997) 2. FULL NAME MEDICAL CAMPON DESCRIPTION OF DEATH Loadth of residence in city or lover where death occurred yra now. PERSONAL AND STATISTICAL PARTICULARS 3. SEX			ı				1	1/690
Torondig.				CERTIFICA		7/2 (1]	エゼロかり
Township. City State Section 1. St. Word) 2. FULL NAME M. DOLOGO C. State S. S. SINGE, MERID, WIDOWED OF LAND WORD OF DEATH (Ursa) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	1. PLA	CE OF DEATH			· · · · · · · · · · · · · · · · · · ·	91	1	
Township. City State Section 1. St. Word) 2. FULL NAME M. DOLOGO C. State S. S. SINGE, MERID, WIDOWED OF LAND WORD OF DEATH (Ursa) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Co	andy	***********	Registration District	No	A	File No.	
2. FULL NAME (a) Residence. No. 24 9 8 7 9 20 00 00 00 00 00 00 00 00 00 00 00 00			•	Primary Redistration	District No.	1U 3	1	4205
2. FULL NAME MADRING COUNTRY COUNTRY DATE OF DATE OF CONTRIBUTION OF DECEASED (a) Residence in city or town where death occurred pressional and Statistical Particulars MEDICAL CERTIFICATE OF DEATH 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. AGE YEAS MONTHS DAYS 18. LESS than 1 day, branch 19. DATE OF DEATH (MONTH, DAY AND YEAR) 19. DATE OF DEATH 19. DATE O	C+		THE ON	,		**********	, -	·····
Leadth of residence in city or town whore death occurred PERSONAL AND STATISTICAL PARTICULARS DIVERGE (print the word) Landth of residence in city or town whore death occurred PERSONAL AND STATISTICAL PARTICULARS DIVERGE (print the word) Landth of personal and Statistical Particulars MEDICAL CERTIFICATE OF DEATH 15. DATE OF DEATH (MONTH, DAY AND YEAR) Landth of Wife or Wife or Wife or Diverge (print the word) Landth of Personal Part and Year) Landth of Personal Particulars MEDICAL CERTIFICATE OF DEATH 15. DATE OF DEATH (MONTH, DAY AND YEAR) Landth of Personal In the second of the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred, on the date stated above, et al. 19.2 for and their death occurred and their de	-	<u> </u>		т		**************	SI.	Ward)
Length of redeces in other or where death occurred yra mos. da. How long in U. S., if of feeting being? yra mos. da. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	2. FUL	L NAME HOW	agnes	Darley				
Length of redeces in other or where death occurred yra mos. da. How long in U. S., if of feeting being? yra mos. da. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(a)	Residence, No. 2905	17 40 ad	La Carre sa	- 3 w			***************************************
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE 5. SINGAR, MARRIER, WINDOWED OR DIVORCED (gride the word) 15. DATE OF DEATH (MONTH, DAY AND YEAR) 6. DATE OF DEATH (MONTH, DAY AND YEAR) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE 7.		(Usual place of abode)		`				or town and State)
3. SEX 4. COLOR OR RACE 5. SINGAE, MARRIED, WIDOWED OR DIVORCES (crist the word) 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. OCCUPATION OF DECEASED (a) Trade, profession, or perficient haid of werk (b) General nature of industry, hashesse, or crabbilishness in which employed (or complete) (c) Name of employer 10. NAME OF FATHER 11. BIRTHPLACE (CITY OR TOWN) 11. BIRTHPLACE (CITY OR TOWN) 11. BIRTHPLACE (CITY OR TOWN) 12. MAJDEN NAME OF FATHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. WAS THERE AN AUTOPSYL. 15. DATE OF BURIAL CREMATION, OR REMOVAL 16. DIMAN AND NATURE OF MOTHER (CITY OR TOWN) 17. MAJDEN NAME OF MOTHER (CITY OR TOWN) 18. WAS THERE AN AUTOPSYL. 19. PLACE OF BURIAL CREMATION, OR REMOVAL 19. PLACE OF BURIAL CREMATION, OR REMOVAL 10. MAJOR AND	Length o	residence in city or town where	death occurred	yrs. mos.	ds. How lond is	U.S., if of	loreiga birth?	yra. mos. ds.
SAUTE MARRIED, WILDOWED, OR DIVORCED (GOTHER MARRIED, WILDOWED, OR DIVORCED) SAUTE MARRIED, WILDOWED, OR DIVORCED MUSBAND OF (OR) WIFE OF BIRTH (MONTH, DAY AND YEAR) ADDRESS 5. DATE OF BIRTH (MONTH, DAY AND YEAR) ADDRESS 8. OCCUPATION OF DECEASED (b) Trade, profession, or performs kind of werk (c) Trade, profession, or performs kind of werk (d) General nature of industry, because, or establishment in which emphryed (or emphryed (or emphryed) (or emphryed (or emphryed) (or emphrye		PERSONAL AND STATE	STICAL PARTIC	ULARS	MEDI	CAL CER	TIFICATE OF DE	EATH
SAULY MARRIED, WIGOWED, OR DIVORCED HUSBARD OF (OR) WIFE OF WILLIAM & ALLES THAN 1861 1926	J. SEX	4. COLOR OR RAC		ARRIED, WIDOWED OR	16 DATE OF PERSON	· · · · · · · · · · · · · · · · · · ·		0 - 4+
SAULT MASSIED, WIDOWED, OR DIVOSEED (DR.) WIFE OF WILLIAMS (D.) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (About 18 6) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, branch of the date stated above, at 1.2 day, and that the stated above, at 1.2 day, branch of the date stated above, at 1.2 day, and that the stated above, at 1.2 day, and the stated above, at 1.2 day, and that the stated above, at 1.2 day, and the stated above, at 1.2 day, and that the stated above, at 1.2 day, and the 1.2 day, and the 1.2 day, and the 1.2 day, and 1.2 day,	٥	0	DIVORCED	(write the word)		MONTH, DAY	AND YEAR)	ul 18 M1926
HUSSAND OF (CR) WIFE OF WILLIAM DATE OF WIND AND YEARS (CONTRIBUTORY). 5. DATE OF BIRTH (MONTH, DAY AND YEARS) (Months) 7. AGE YEARS MONTHS DAY ILLESS than 1 day, min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfecular kind of werk (b) General nature of industry, business, or establishment in which employed (or employed (or employed) (or employed) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (THY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER (CITY OR TOWN) 15. MAIDEN NAME OF MOTHER (CITY OR TOWN) 16. MAIDEN NAME OF MOTHER (CITY OR TOWN) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) 18. WASHER WAS DISEASE CONTRACTED WHAT TEST CONFIDENCE DEARTH 19. PLACE OF BURIAL, OR INCIDENCE CARRY State 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL CREMATION, OR REMOVAL	_Lew	uale white	\rightarrow	somet	17.		Ü	Sehx
6. DATE OF BIRTH (MONTH, DAY AND TEAR) AND TEAR) AND TEAR OF BIRTH (MONTH, DAY AND TEAR) AND TEAR OF BIRTH (MONTH, DAY AND TEAR) AND TEAR OF BIRTHHOLD AND AND TEAR OF BIRTHHOLD AND AND TEAR OF BIRTHHOLD AND AND AND TEAR OF BURIAL (Maddress) 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfector kind of work (b) General nature of industry, husbiness, or establishment in which employed (or employe					6 HEREBY	CERTIF		eceased from
6. DATE OF BIRTH (MONTH, DAY AND TEAM) (About 18 6) 7. AGE Years Months Days II LESS than 1 day, bra. of min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER B radget THE COUNTRY (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER B radget THE COUNTRY (State or COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. DID AN OPERATION PRECEDE DEATH. (Signed) (State or COUNTRY) 15. BIRTHPLACE OF MOTHER CITY OR TOWN) 16. State or COUNTRY) 17. MAIDEN NAME OF MOTHER B radget THE COUNTRY (Signed) (State or COUNTRY) 18. WHAT TEST CONFIDENCE DEATH. (Signed) (Signed) (State or COUNTRY) (Signed) (Signed) (State or COUNTRY) (Signed) (Some reverse side for additional spoces) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL COLUMN ADDRESS	(OR)	WIFE OF C . 'Oh .	(. •	that I last own h # A = alt		br. 14	0
THE CAUSE OF DEATH (MONTH, DAY AND PEAR) CAPTURED DAYS IN LESS than 1 day, here or mine. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfector kind of work (b) General nature of indestry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER B Trade of The Country of The Cause of Death of State or Country) 13. BIRTHPLACE OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER B Trade of The Cause of Death or indicates from Vicence Cause father of Mother Country or The Cause of Death or indicates from Vicence Cause father of Horizontal Country or Date of The Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal Cause of Death or indicates from Vicence Cause father of Horizontal C		tvillia	m Do	<u>uleu</u>	I d	,	. 11	+3 o
7. AGE YEARS MONTHS DAYS II LESS than 1 days, bra. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry, besiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER TLORAGO TAMABOR WAS THERE AN AUTOPSTY. WHAT TEST CONFIDENCE DEATH. (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER B and IT THE COUNTRY (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER B and IT THE COUNTRY (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MAINE AND NATURE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. DAY OF COUNTRY (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED 19. PACAGORISH DEATH, WHO DATE OF LOWER CAUNTS, AND NATURE OF LOWER OR COUNTRY, BUILDING, OR REMOVAL 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL, CREMATION, OR REMOVAL ADDRESS ADDRESS ADDRESS	6. DATE	OF BIRTH (MONTH, DAY AND Y	EAR) ()	1861	If			4
DOCUPATION OF DECEASED (a) Trade, profession, or perficults kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPSTI (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (STATE OR COUNTRY) (STATE OR COUNTRY) 19. PLACE OF BURIAL CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR HOUSE, CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR HOUSE, CREMATION, OR REMOVAL (Address) 19. PLACE OF BURIAL CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR HOUSE, CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR HOUSE, CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR HOUSE, CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR PLACE OF BURIAL CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR PLACE OF BURIAL CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR PLACE OF BURIAL CREMATION, OR REMOVAL (D) MAINS AND NATURE OR INJURY, and (3) Whether ACCIDENTAL, BUILDIAL, OR PLACE OR DEVELOR. (D) MAINS AND NATURE OR INJURY. (D) MAINS AND NATURE OR INJURY. (D) MAINS AND NATURE OR INJURY. (D) MAINS AND NATURE OR IN				If LESS than 1	THE CAUSE OF	DEATH WAS	AS POLLOWS:	
8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular kind of work (b) General asture of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER Thomas Thamboo Was there an autopsyl. (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT THAMBOO MARKED PARTY OF CAURS STATE OR COUNTRY) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 16. OCCUPATION PROCESS (CONTRIBUTORY MAD COUNTRY) 18. WHERE WAS DISEASE CONTRACTED 19 NOT AT PLACE OF DEATH! (Did AN OPERATION PRECEDE DEATH! (Signed) WHAT TEST CONFIRMED DIAGNOSIS MADE AND VIOLENT CAURS STATE (Signed) State the DIREAR CAURING DEATH, Or in deaths from Violent Caurs State (State or COUNTRY) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL HORIZONAL COUNTRY 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 29. UNDERTAKER ADDRESS DATE OF DURIAL					carewor		1900	
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPST! (Signed)	almi	オ 65 ー		ormin.	1160/111	B	•	
(a) Trade, profession, or perticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MEANS AND NATURE OF LIVIUM, and (3) whether According or Hondrad. (Soo reverse side for additional space.) 16. INFORMANT (Address) 29. 21. 12.5 May 6 S. James C. James					WAY CHEI	7 /		******************************
perficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INTORNANT (Address) 15. FIR 2 125 May 6 State of Country 16. ONTRIBUTORY (My Cardina) (General nature of industry, business, or establishment in which employed (derethon) (General nature) (General natur			1	٠ ٨	43.61.5	······································	<u> </u>	************
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPSYL WHAT TEST COMPRISED DIAGNOSIS FAMILIAL FLAT PROJECT (SIGNED DIAGNOSIS FAMILIAL FLAT PR			Louge	- will			(dweijen)	rsdo
Dusiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER THORN THAM BORE 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER B THAM BORE 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INTURBANT (Address) 29. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 29. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL 20. UNDERTIAKER	_			()	CONTRIBUTORY M	MOCA	rditis 6	Shroner -
(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (STATE OR COUNTRY) 15. LANGE OF MOTHER (CITY OR TOWN) 16. MAINTEN OF MOTHER (CITY OR TOWN) 17. BIRTHPLACE OF MOTHER (CITY OR TOWN) 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF DEATH. (Signed)			a+ 2	- V				7
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER COMMAND THAMBOR 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INTORNANT (STATE OR COUNTRY) 15. PR 22 126 May 6 Standard 19 20 UNDERTAKER 16. UNDERNANT 17. PLACE OF BURIAL, CREMATION, OR REMOVAL 18. WHERE WAS DISEASE CONTRACTED 19. NOT AT PLACE OF DEATH. 19. NOT AT PLACE OF DEATH. 10. DATE OF WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DISCUSSING DEATH, OF INCIDENT CAUSING DEATH,			ac -r	one	***************************************		(dwation)	TIL DOOR - do
9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER TAGALOR TAMAROR WAS THERE AN AUTOPSYL 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER BRIDE (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INTORNANT (Address) 29. PROCESS 15. PR 20 1325 May 6 Statelly 16. STATE OR COUNTRY) 17. BIRTHPLACE OF BURIAL (Address) 20. UNDERTAKER 18. ODDA AT PLACE OF DEATH? (DID AN OPERATION PRECEDE DEATH? (DID AN OPERATION PRECEDE DEATH? (Signed) (Sign	(c)]	Name of employer			40 W//			
DID AN OPERATION PRECEDE DEATHS. 10. NAME OF FATHER TANDAGO TANDAGO TANDAGO TANDAGO TANDAGO TANDAGO TANDAGO TANDAGO TANDAGO WAS THERE AN AUTOPSYS. 11. BIRTHPLACE OF FATHER (CITY OR TOWN). 12. MAIDEN NAME OF MOTHER BY A BURNAL CAUSING DEATH, OF INCREMENT OF MOTHER (CITY OR TOWN). 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). 14. INFORMANT TO STATE OR COUNTRY) 15. INFORMANT TO STATE OR COUNTRY) 16. INFORMANT TO STATE OR COUNTRY) 17. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 18. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL CAUSING DEATH, OR THE STATE OR COUNTRY ADDRESS 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL CAUSING DEATH, OR THE STATE OR COUNTRY ADDRESS 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL CAUSING DEATH, OR THE STATE OR COUNTRY ADDRESS 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL CAUSING DEATH, OR THE STATE OR COUNTRY ADDRESS 20. UNDERTAKER 20. UNDERTAKER ADDRESS	0 DIDT	IDI ACE (see as see as						
10. NAME OF FATHER TARMAGE THAM BORN WAS THERE AN AUTOPSYL. 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER BOARD THE CHARLEST CAUSING DEATH, OF INCOMENT		· · · · · ·			IF NOT AT PLACE OF	DEATH?		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER B PLACE OF MOTHER CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT TO PROJECT OF MOTHER (CITY OR TOWN) 15. INFORMANT TO PROJECT OF MOTHER (CITY OR TOWN) 16. INFORMANT TO PROJECT OF MOTHER (CITY OR TOWN) 17. PROJECT OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 18. PR 20 125 May 6 Standard 20 UNDERTAKER 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL CALLED COLUMN COL			תאלת	<u></u>	DID AN OPERATION PRE	CEDE DEATH).	MO DATE OF	
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER & TOWNO 13. BIRTHPLACE OF MOTHER (CITY OR TOWNO 14. INFORMANT 15. INFORMANT 16. INFORMANT 17. INFORMANT 18. DIRECTOR COUNTRY) 18. DIRECTOR COUNTRY 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL 19. P	. 10. N	AME OF FATHER CT	C.0704.40.4	Himanon	<u> </u>	77/	1	
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 4. INFORMANT (Address) 29 27 ER 02 TAPE 5. PR 20 1725 May 6 Standorf 19 20. UNDERTAKER (Signed) 5. Vercheura dell M. D. (Signed) 5. Vercheura dell M.				1 ST BYACTONIC	ITAS THERE AN AUTOPS	(KK	Jan 18	
12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MCTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. PR 20 1725 May 68/assloff 16. Main And Nature of Littur, and (2) whether Acceptence of the Dibbarb Causing Death, or indicates from Violenz Causing State (1) Means and Nature of Littur, and (2) whether Acceptence, but on Homotopal. (See reverse side for additional space.) 16. PR 20 1725 May 68/assloff 20. UNDERTAKER 20. UNDERTAKER ADDRESS			TY OR TOWN)	······································	WHAT TEST CONFIRMED	DINCHOSIS	y sucal ya	mr Latinery
12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MCTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. PR 20 1725 May 68/assloff 16. Main And Nature of Littur, and (2) whether Acceptence of the Dibbarb Causing Death, or indicates from Violenz Causing State (1) Means and Nature of Littur, and (2) whether Acceptence, but on Homotopal. (See reverse side for additional space.) 16. PR 20 1725 May 68/assloff 20. UNDERTAKER 20. UNDERTAKER ADDRESS	Z	(STATE OR COUNTRY)	Lach	ma_	(Signed) s	U DK	creheur	reder un
13. BIRTHPLACE OF MCTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MCTHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) (1) MEANS AND NATURE OF BURIAL, AND PLACE OF BURIAL, GREMATION, OR REMOVAL (Address) 2927 Cods Tare (Address) 292 Cods Tare 20. UNDERTAKER (ADDRESS		IAIDEN NAME OF MOTHER	R	+- 921 C91 PT	- 7/19 10 2/ W	(mag)	Water 1 7	1- BIL
(STATE OR COUNTRY) (STATE OR COUNTRY) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Building, or Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, supported by the Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, supported by the Houseman, (See reverse side for additional space.) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, supported by the Houseman, (See reverse side for additional space.)	<u>~</u>		W. The leaf	Y IN NOW		<i>K</i> :	surapol	unu may
INFORMANT TAMA Dailey 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 2997 Earls Tive 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 2997 Earls Tive 20. UNDERTAKER ADDRESS ADDRESS	13. B	•	LA 05 LOMN)		*State the Dinman	CAUSING DE	ATH, or in Ceaths from	m Violent Causin state
INFORMANT DAMA Dailey 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Address) 29. PLACE OF BURIAL, CREMATION, OR REMOVAL Under Standard Communication ADDRESS ADDRESS ADDRESS		(STATE OR COUNTRY)	Shall	and				COMPANIAL SUICIBAL OF
(Address) 2927 Cado Tive Colvany Com. 4-21-1926 S. PR 20 1325 May 6 Starkloff 20. UNDERTAKER COM. ADDRESS		J	F - 0					
FIRM 20 1925 May 6 Starreoff 20. UNDERTAKER ADDRESS			<u>, o, , , , , , , , , , , , , , , , , , </u>	1	19. PLACE OF BURIAL,	CKEMATIO)	N, UK REMOVAL	DATE OF BURIAL
Plantanian Samuel Vision Control of the Control of	(744		<u>cada</u>	Etine_	- حــ د ٥ ۾ ") اا	7 يى	70 444	14-91-1991
Plathamana, Banana Visiona Vis	15F	R 20 1928 200	Post.	10001	20. UNDERTAKER	 	****	ADDRESS
Porto 15 nos 3029 & of syelle av	Frie	19	ownas	cos	0 = 0	U	0	1
				/ Calstrag	1 Monta (15 x	00	3029 2	blangthe as
					. ` `			- C

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons ongaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ---- (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Norz.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.